FOR STATE director. Page is necessary, TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

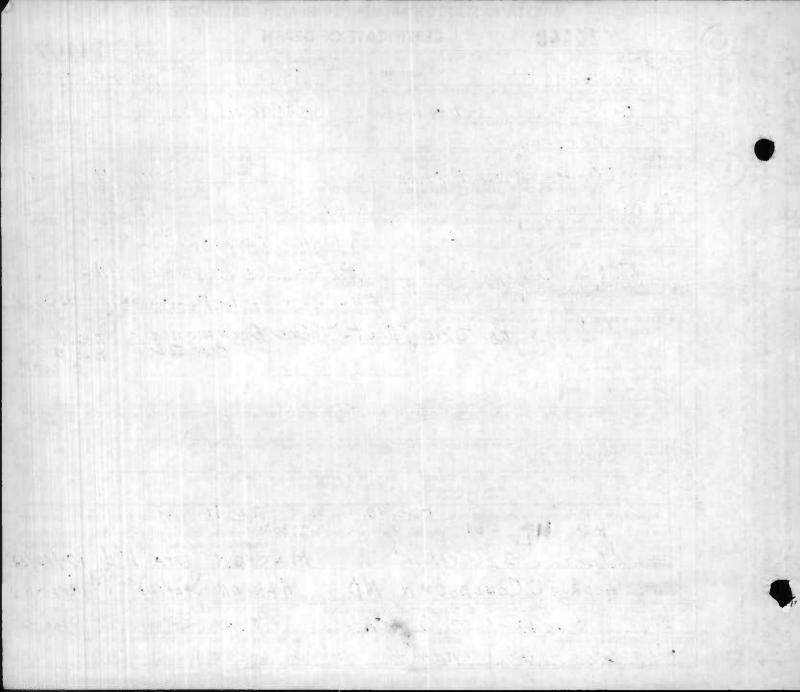
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C. CITY OR TOWN if counties corporate limits, write RURAL and give neasest lown)		a. COUNTY	Somerset	MARYLAND	CHARC	land b. COUN	Somerset						
d. NAME OF HOSPITALO RESTRUTION (if not in hospital, give street address) 14 Potomac St. 15 PRINT Middle Last DATE Month Day Yest DECEMBER Month DECEMBER Month DECEMBER Month DECEMBER				c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporate limits, write	RURAL and give nearest town)						
14 Potomac St. 14 Potomac St. 14 Potomac St. 15 NAME OF DECEASED LILIAN BURKE BETTS 15 DEATH December 23 1961 15 SEX 6. COLOR OR RACE [7, MARRIED NEVER MARRIED AUG. 24, 1890 7 1 90 1 90 1 90 1 90 1 90 1 90 1 90	8	write RURAL end		Lifetime	39 Cris	field	ZLES FEEL DE						
14. Potomac St. 14. Potomac St. 15. 16. 15. 16.		d. NAME OF HOSPIT	AL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS								
DECERSED Cype or print) CILLIAN BURKE BETTS DEATH December 23 19 61							YES NO 2						
Female S. SEX			First		Last		Dey Yeer						
Female		(Type or print)	LILLIAN	BURKE	BETTS	DEATH Decemb	per 23 19 61						
Female		5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	. DATE OF BIRTH								
done during most of working life, even if relired Own home Crisfield, Maryland USA			White wow	ED DIVORCED L		71 yrs.							
Housewife 13. FATHER'S NAME William A. Burke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT A. Reese Betts, 14 Potomac St., Crisfield, Md. NOTHER'S MADISEANT ARE BETT AND DEATH MINERAL BETWEEN ONE AND DEATH LORISH WAS CAUSE BY MADE AND DEATH MINERAL BETWEEN ONE AND DEATH MEDICAL EXAMINER DEPUT M				KIND OF BUSINESS OR INDUSTR									
William A. Burke S. WAS DECEASE EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (1/400 pire were redeles of service) None A. Reese Betts, 14 Potomac St., Crisfield, Md. None				Own home	Crisfield,	Maryland	USA						
15. WAS DECASSE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A. Reese Betts, 14 Potomac St., Crisfield, Md. None None A. Reese Betts, 14 Potomac St., Crisfield, Md. None		13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1						
15. WAS DECASSE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A. Reese Betts, 14 Potomac St., Crisfield, Md. None None A. Reese Betts, 14 Potomac St., Crisfield, Md. None		William A.	Burke		Annie Some	ers							
None None None A. Reese Betts, 14. Potomac St., Crisfield, Md.		15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	Address							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, Heart attack due to fall. ONSET AND DEATH NITRULES Conditions, if eny, which DUE TO Conditions, if eny, which Conditions Contributions Contr				None A.	Reese Betts	14 Potomac S	St., Crisfield, Md.						
PART I. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to Immediate cause (b) Expired moments after fall down steps. (c) DUE TO Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) DUE TO Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) DUE TO Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMACED? YES NO 19. WAS AUTOPSY PERFORMED? YES NO 1					110000 2000	,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
MARIOLITE CAUSE (e) NO DUE TO DUE TO Conditions, if eny, which gove rise to immediate cause (a), slating the underlying cause last. DUE TO Conditions, if eny, which gove rise to immediate cause (a), slating the underlying cause last. DUE TO Conditions, if eny, which gove rise to immediate cause (a), slating the underlying DUE TO Conditions (contributions contributing to death but not related to the terminal disease condition given in Part IIa) 19. WAS AUTOPSY PERFORMEDY PERFORMEDY PERFORMEDY			ONSET AND DEATH										
Conditions, if eny, which geve rise to immediate cause (a), stating the underlying of the contributions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed to Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed to Part II. Other significant conditions contributing to Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed to Part II. Other significant contributions contributing to Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed to Part II. Other significant contributions contributing to Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy II. Other significant contributions				eart attack o	de to lair	•	Minutes						
geve rise to Immediate cause (a), stating the undarlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PE		100											
[a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING X FAIL on icy steps. 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Year 2nd, INJURY OCCURRED While Not While Not While Residence 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Somerset County, Md. 222a. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BUT 12 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				pired moment	s after fa	11 down step)S.						
Cause lest. Column Part			DIE TO										
PREFORMED PREF													
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clly or town) (County) (Steta) Residence 2.1. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquir	7	PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV							
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clly or town) (County) (Steta) Residence 2.1. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquir	1	TEA.											
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clly or town) (County) (Steta) Residence 2.1. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquir		2De. EXTERNAL CA		RIBE HOW INJURY OCCURED.	Enter nature of injury In Per	t 1 or Part II of item 1B.)							
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED While st.m. Dec. 23 61 et work at work Residence Crisfield Somerset Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Accide		PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING X	7 on icv ste	ng.								
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . DATE SIGNED . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . L2/26/61 . NAME (Type) . C. G. Rawley, M. D. Address (Street, city, town, or county) . Somerset . County, Md 226. BURIAL, CREMATION, REMOVAL (Specify) . Burial . 12/27/61 . Sunnyridge Cemetery . Crisfield, Maryland . 23. FUNERAL DIRECTOR . ADDRESS . 24a. REC'D BY REGISTRAR . 24b. REGISTRAR'S SIGNATURE	0	20c. TIME OF INJU				n, ; 20f. (City or town)	(County) (Steta)						
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . DATE SIGNED . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . L2/26/61 . NAME (Type) . C. G. Rawley, M. D. Address (Street, city, town, or county) . Somerset . County, Md 226. BURIAL, CREMATION, REMOVAL (Specify) . Burial . 12/27/61 . Sunnyridge Cemetery . Crisfield, Maryland . 23. FUNERAL DIRECTOR . ADDRESS . 24a. REC'D BY REGISTRAR . 24b. REGISTRAR'S SIGNATURE		Hour a.m.	Dec 23 67 Whi	la Not While Res	ory, street, office bldg., etc	Cristield	Somerget Md						
death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE													
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Burial County County Address (Street, city, town, or county) Burial County Co							(ALA)						
ACTUAL SIGNATURE DATE SIGNED EXAMINER'S NAME (Type) C. G. Rawley, M. D. 228. BURIAL, CREMATION, REMOVAL (Specify) Burial 12/27/61 Sunnyridge Cemetery Crisfield, Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		death resulted t	rom: Natural causes	, Accident X, Suice			anner						
EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Somerset County, Md.			1010.	0									
EXAMINER'S NAME (Type) C. G. Rawley, M. D. Address (Street, city, town, or county) Somerset County, Md.	2		CB/2 au	very	M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof Sunnyridge Cemetery Crisfield, Maryland 23c. FUNERAL DIRECTOR 22c. NAME OF CEMETERY OR CREMATORY Crisfield, Maryland 24b. REGISTRAR'S SIGNATURE	9	EXAMINER'S											
Burial 12/27/61 Sunnyridge Cemetery Crisfield, Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE					Address (Street,	city, town, or county) SOME	erset County, Ma.						
23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE													
Bradshaw & Sone Crisfield, Maryland DATE AN 2 '62 Quiling S. Krous		23. FUNERAL DIRECTO	R	ADDRESS	24a. REC	O'D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE						
		Bradshaw &	Sons, Crisfield	, Maryland	DATE	N 2 '62 an	Cimo S. Kraus						

E. T. SHIPPLAN CO. ande Li Part Part State Control e e CONTRACTOR OF CO 中中发生。 这个里场在1000mm 中央1400mm 1000mm 1000mm 1000mm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is necessary, please execute the rificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your formal to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your formal to the registrem for the buriol, formal to the registrem for the buriol, formal to fine the registrem for the buriol, formal to fine the registrem for the registrem for the registrem for the first page 5 may be retained for your formal to the registrem for the first page 5 may be retained for your formal formal to the first page 5 may be retained for your formal f or removol.

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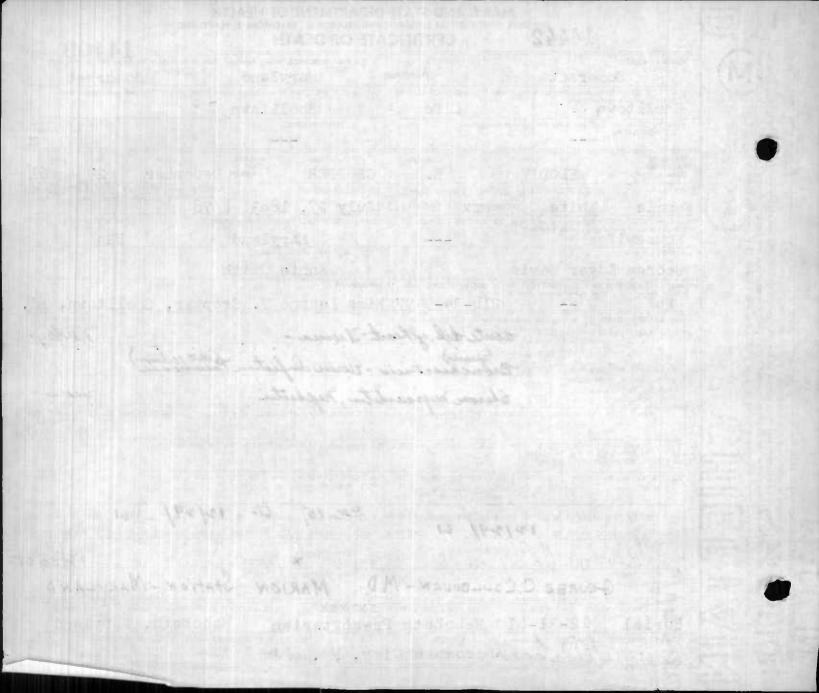
4441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		MA	RYLAND	STATE	DEPARTM	NT OF	HEALTH-	-BALTIMORE,	18
	444	1	MEDICA	L EXA	AMINER'S	CERT	IFICATE	OF DEATH	R

	min.	3347									R	eg. Dist.	No.	500
1. PLACE a. COI	OF DEATH	omerset			M	ARYLAND		Mary.		sed lived. If le b. CO		170	rset	
ond	or town in the same of the sam	It outside corporate limits, in)	write RURAL	c.	6 yea		c. city o		outside cor	porote limits, v	vrite RUR	AL and giv	e nearest t	own)
d. NA	•	TAL OR INSTITUTION	l (If not in	n hospital	, give street od	dress)	Jd. STREET Mai	address n Roa	ad				10	RESIDENCE NA FARM?
3. NAME DECEA (Type of	OF ASED or print)	Odell	First		Middle		Brow		4. DATE OF DEATH	-	Nonth BC •	2		Year 1961
s. sex ma	le	6. COLOR OR RAC		ARRIED [NEVER MAR DIVORC		June 1		924	9. AGE (In year lost birthday) 37		nths Day		DER 24 HRS. Min.
10a. USU during	most of worki	ON (Give kind of wo ng life, even if retire EMAN	rk done 10 d)		of Business afood	OR INDUST		yland		country)	1	U.S.		T COUNTRY?
13. FATH	er's name Oti	s Brown					14. MOTHER'S		Drum	nond				
15. WAS [Yes, no, or []	unknown)	VER IN U. S. ARMED (If yes, give wor or dote)			-20-1+8		Nellie	Bro	wn, C	hance				
Condigove (a),	PART I. DEA 332 ditions, if or rise to immersioning the elost.	underlying DUE T	(o) (O) (b)	Cer	afera		Theer	rbo	2				NTERVAL BETY NSET AND C	
20a. I		USE WAS			W INJURY OC						GIVEN II	N PART 1(a	19. WAS PERFO YES	AUTOPSY ORMED?
₹ 20c. 1	TIME OF INJL Hour a. m. p. m.	IRY Month, Day,	V	0d. INJU While	RY OCCURRED Not while	facto	E OF INJURY (ory, street, office	Home, form bldg., etc.	20f. (City	or town)		(County)		(Stote)
ACTUSION EXAM	th resulted	hat I took chord I from: Noture Physical Physica		1	Accident [_M.D. CHIEF A	Homicide	-		d caus		DATE	find that
BIA	AL, CREMATIC OVAL (Specify Pial	Dec.5,	1961		NAME OF CEN t. Char				Chan		ome:	rset		, Md .
Z3_FUNE	Loy/	SWELL	72	Pri	ncess	Anne	, Md.	24a. REC'I	D BY REGIST			8. The		

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 14442 CERTIFICATE OF DEATH

			CERTIFICA	TIE OF DEFTIE			1 1	400			
1. PLACE OF DEATH				2. USUAL RESIDENCE (W		d lived. If institution					
	omerset		MARYLAND	Mary	land		Some	erset			
b. CITY OR TOWN	(If autside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)							
Shellto	wn		Life	Shelltown							
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, s	give street	oddress)	d. STREET ADDRESS				e. IS RI	ESIDENCE A FARM?		
OK MASHIOTION									NO X		
3. NAME OF	Fig	rst	Middle	Lost	4. DATE	Mon	th	Day	Year		
(Type ar print)	ELODII	E	E.	CROPPER	OF	Decembe		29	1961		
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	CH LIN	9. AGE (In years	IF UNDER 1	-	-		
Female	White	WIDOWI	EDT DIVORCED	July 27, 18	383	78 yrs.	Months D	ays Haur	s Min.		
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDI				12. CITIZE	N OF WHAT	COUNTRY?		
Housewi	orking life, even if refired	1)			rland		TIC	- A			
13. FATHER'S NAME	16			14. MOTHER'S MAIDEN I			U	OA			
	Pdana Dam										
	Edgar Dav:			Annie	SMIU						
(Yes, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		0 1	INFORMANT		Addr					
No		2	18-34-9497 1	Miss Leanne	V. C	ropper,	Shel:	Ltown	, Md.		
18. CAUSE OF D	EATH [Enter anly one co	ouse per li	ne far (a), (b), and (c).]	1.				INTERVAL I			
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	tece	ite dil of hear	t-Usemia -				1 D	deep		
110	DUE TO		5	_		114	1		1		
Canditions, if	did	190	yeary this	- Veries Sufe	atrais.	faller 10d	up)				
gave rise to	immediate Due To) 644	monday	0,2000							
lying cause last. (c) Chronic muncardetin , nephritis											
8	THER STORM TOART COL	401110143	CONTRIBUTION TO DEATH BO	THO REDATED TO THE TERM	IIAVE DISEV	E CONDINOIS ON	FIA HALOWI I	PERF	ORMED?		
No. ASSIDENT	V. 6. 10. 10. 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	Look DES	CRIRE CLOW IN HURY OF CURR	en 15	D 41 D.	11 -6 '4 10 1		YES L] NO []		
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH										
	Y MEDICAL EXAMINER)										
20c. TIME OF INJU	JRY Manth, Doy, Ye	ar 20d. II While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm actary, street, affice bldg., etc.	n, 20f. (Cit :.)	y ar tawn)	(Co	unty)	(Stote)		
p. m	10	at war					-				
21. I certify th	21. I certify that (I) (this haspital) attended the deceased fram Sec. 15, 1961-, ta 12/29/ 1961, that (I) (we) last										
	ased alive an	2/2		death accurred at		the causes on					
220. SIGNATURE	died diffe diff	A	- rain raina mar	deall decorred di	, II Carre	ille caoses all	d dir ilie t		22b. DATE		
Y.o.	math	n=16	Ilma.	M.D. PHYS.	ED.	STAFF PHYS.		12	SIGNED		
22c. PHYSICIAN'S	10000	o acc	NOV 9 Am	22d. ADDRESS	IKECTOR L	1	11		130/6		
NAME (Type)	GEORBE (Coi	ULBOURN-M.	D. MARIO	N S	STATION	- MAR	VLA	ND		
	7										
23a. BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE THEREG		23c. NAME OF CEMETERY			TION (City, town,	, .		ate)		
Burial (Specif		OT		resbyterian		Rehobet		rylai	nd		
24. FUNERAL DIRECTO	R'S SIGNATURE	- /-	ADDRESS		D BY REGIS		STRAR'S SIGN				
Desery	D. Walse	DV F	Pocomoke Ci	ty, Md. DATE	AR Z	'62 L	when L.	Tiralla			



1 FOR STATE HEALTH DEPT.

delay is necessary, aldirector. Page for your files. Health, TO DEF. 2: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form 14/3. Page 5 may be retained by TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elle pencil and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. VS. A15ME 5M 7/59

98 1

MARYLAND STATE DEPARTMENT OF HEALTH vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1443 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	o. COUNTY Somerset MARYLAND	o. STATE Virginia b. COUNTY Accomac
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Y	Crisfield 1 day	Tangier 83x'3
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give strael eddrass)	d. STREET ADDRESS o. IS RESIDENCE
-	Edw. W. McCready Memorial Hospital	ON A FARM? YES NO X
-1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF
	(Typa or print) DAISY REBECCA	DIZE (Dise) December 1 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	May 20, 1935 26 yrs. Months Deys Hours Min.
		RY 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Home	Pulaski, Virginia USA
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Andrew Lucado	Frances Fain
-		INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewarordalesofservice) No None	wis Dise, Tangier, Virginia
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY, Ruptured tubal	l pregnancy 75 Hrs.
1	1/1=0	(5 III.8)
ı	DUE TO .	
	Conditions, if any, which gave risa to Immadiata causa	
	(a), staling the underlying DUE TO	
	cause last. (c)	OT BELATED TO THE TERMINAL DISEASE COMPUTON CIVEN IN AART 41 10 MASS ALTERON
1	PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
7	<u>3</u>	YES X NO
-	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	(Enlar nature of injury In Part I or Part II of item 18.)
Т		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
П	Hour a.m. While Not While p.m. 19 et work et work	north stadt, allea stagt, alet,
1	21. I certify that I took charge of the remains described above, h	eld an Autopsy X. Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes X. Accident . Suid	cide . Homicide . Undetermined manner
ď		CHIEF MEDICAL EXAMINER
1	actual Cerranely mo.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	Deputy Medical examiner Dec. 2, 1961
1	examiner's C. G. Rawley, M.D.	Address (Street, city, town, or county) Crisfield, Md.
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
1	Burial Dec. 5, 1961 Private Famil	y Cemetery Pulaski, Giles Co., Virginia
-	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Bradshaw & Sons, Crisfield, Maryland	DATOEC C 101
1	de ponte, or roller, l'al y land	DATEDEC 6 '61 Carling & House

THU THE STATE SHELL La Espoi mantonal preside in the ne open the enablement of the feathers . 此。是是一种种的。 the second secon Suffer to the state of the stat

lay is necessary, and director. Page for your files. TO DE IN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dried please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the interest a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DIRECT OF SCHOOL								
1. PLACE OF DEATH	merset		2. USUAL RESIDE	NCE (Where dec			sidence belore	dmission)
50	MIGT DE 0	MARYLAN	a. STATE Mary	rland	b. COUN	Se Se	omerset	;
b. CITY OR TOWN (i	f outside corporate limits,			(If outside corpo	rate limits, write	RURAL end	give neerest to	wn)
Princes A	give nearest town) nne - Polks	Road life time	V Dni	ncess Ani	o - PF	D		
		not in hospital, give street address)	d. STREET ADDRES		TE - ILL	υ.	1 . 10	BEGIDTNICE
3. 17.112 01 1103.11	AL OK MONITORION (III III	or in nospital, give siteer augless)	d. SIREEI ADDRES	3			10	RESIDENCE I A FARM?
3. NAME OF	First	Middle *	Last	1 4. DATE	Month		Dey Ye	
(Type or print)	John	W.	Gale	OF	Decemb			1-
5. SEX	14		1 8. DATE OF BIRTH	10	AGE (In years			R 24 HRS.
	J. COLOR OF RACE 7.	. MARRIED NEVER MARRIED		у.	last-birthdey)		eys Hours	Min.
Male	. 002.02.000	WIDOWED DIVORCED	May 3, 1671		87 yrs.		, , , , ,	
Oa. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Sta-	te or foreign cour	try)	12. CITIZ	EN OF WHAT	COUNTRY?
Farme		Self Employed	Maryland			U.	S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
Tohn	W Colo		Anna Wate	200				
5. WAS DECEASED EVI	W. Gale	S? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	31.9	Address			
Yes, no, or unkown) (If	yes give war or dates of serv	ice)						
No			Bertha Lee -	Salisbu	ry, Mar	yland		
		use per fine for (a), (b), and (c).]					ONSET AND	TWEEN
	H WAS CAUSED BY:	Acute Coronary	Occlusion				Sudde	en
430	DUE TO							
Conditions, if any	4							
geve rise to immedia	nte cause						M	
(a), stating the un	derlying DUE TO							
cause lest.) (c)							
PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1		AUTOPSY ORMED?
							YES T	NO X
5								
20a. EXTERNAL CA		DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in P.	art I or Part II of i	tem 18.)			
		DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in P	art I or Part II of i	tem 18.)			
	NTRIBUTING		PLACE OF INJURY (Home, fa	rm, 20f. (City		(Count	y)	(Stete)
	NTRIBUTING			rm, 20f. (City		(Count	y)	(State)
PRIMARY ☐ or CO CAUSE OF DEATH, 20c. TIME OF INJUI Hour a.m. p.m.	NTRIBUTING RY Month, Dey, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fa factory, street, office bldg., e	rm, 20f. (City o		770		
20c. TIME OF INJUI Hour a.m.	NTRIBUTING	20d. INJURY OCCURRED 20e. While Not While at work at work the remains described above	PLACE OF INJURY (Home, fa factory, street, office bldg., e	Inspection	or town)	у. Х,	y) and in my	
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th	NTRIBUTING	20d. INJURY OCCURRED 20e. While Not While at work at work the remains described above	PLACE OF INJURY (Home, fafactory, street, office bidg., e , held an Autopsy, Suicide, Homicide	Inspection Und	or town)	у. Х,		
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted fr	NTRIBUTING	20d. INJURY OCCURRED 20e. While at work at work the remains described above as Accident .	PLACE OF INJURY (Home, fa factory, street, office bldg., e , held an Autopsy, Suicide, Homicide CHIEF MEDICAL	Inspection Und	or town) Notice the control of the	у. Х,	and in my	opinion
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th	NTRIBUTING	20d. INJURY OCCURRED 20e. While at work at work the remains described above as Accident .	PLACE OF INJURY (Home, fa factory, street, office bldg., e , held an Autopsy, Suicide, Homicide CHIEF MEDICAL M.D. ASSISTANT ME	Inspection Und	X, Inquire etermined m	y. X, anner	and in my	opinion
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted fi ACTUAL SIGNATURE EXAMINER'S	NTRIBUTING	20d. INJURY OCCURRED 20e. While at work at work the remains described above as Accident .	PLACE OF INJURY (Home, fa factory, street, office bldg., e , held an Autopsy, Suicide, Homicide CHIEF MEDICAL M.D. ASSISTANT ME	Inspection Und	X, Inquire etermined m	y. X, anner	and in my	opinion
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type)	NTRIBUTING	20d. INJURY OCCURRED 20e. While at work at work the remains described above ses Accident .	PLACE OF INJURY (Home, fafactory, street, office bidg., e , held an Autopsy, Suicide, Homicide	Inspection Und EXAMINER DICAL EXAMINER AL EXAMINER F.	Inquir etermined m	anner 1	pare si 2/15/63	opinion GNED
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATIO REMOVAL (Specify)	A. H. Johnso.	20d. INJURY OCCURRED 20e. While at work at work the remains described above ses Accident	PLACE OF INJURY (Home, fa factory, street, office bidg., e , held an Autopsy, Suicide, Homicide	Inspection Did L EXAMINER AL EXAMINER COLORAL EXAMINER COLORAD C	inquire town) Inquire termined m Inquire termined m Inquire termined m Inquire termined m	anner	DATE SI 2/15/62 Anne, M	opinion GNED L Maryla
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted fi ACTUAL SIGNATURE EXAMINER'S NAME (Type) P. 22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	A. H. Johnson, 22b. Date Thereof	20d. INJURY OCCURRED 20e. While at work at work the remains described above ses Accident	PLACE OF INJURY (Home, fa factory, street, office bidg., e , held an Autopsy, Suicide, Homicide	Inspection	inquir etermined m lanty Pri on (City, town, dPrin	ncess A	DATE SI 2/15/63 Anne, Marie Ma	opinion GNED L Maryla
20c. TIME OF INJUI Hour a.m. p.m. 21. I certify th death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATIO REMOVAL (Specify)	A. H. Johnson, 22b. Date Thereof	20d. INJURY OCCURRED 20e. While at work at work the remains described above ses Accident	PLACE OF INJURY (Home, fa factory, street, office bidg., e , held an Autopsy, Suicide, Homicide	Inspection Did L EXAMINER AL EXAMINER COLORAL EXAMINER COLORAD C	Inquire town) X. Inquire termined m County Pri DN (City, town, d.—Pring 24b. REG	DESS or country) CESS A STRAR'S SIG	DATE SI 2/15/63 Anne, Maine, M	opinion GNED Aaryla arylan

THE ATTO THE OTHER PROPERTY AND CHARLES P.C. - Santal Let weed to the the lead of the state of the st The Residence of the second

FOR STATE

alay is necessary, al director. Page for your files.

HEALTH DEPT.

TO DEF.

**C. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the (a) I directly a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your YO FUNERAL DIRECTOR: Page 3 should be used as a burish-fransit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burish, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

9		14445 MED	ICAL	EXAMIN	ER'S	CERTIF	FICAT	TE OF	DEATH		4.1	240	
	LACE OF DEA	тн				2. USUAL	RESIDEN	CE (Where	dacaasad lived, If	institution:	Residen	co belolo	admission)
	. COUNTY	Somerset		MARYL	AND	a, STATE	Ma ry	vland	b. COUN	NTY SC	mers	at.	
ŀ		(if outside corporate limits,		c. LENGTH OF STAN		c. CITY O			orporate limits, writ				wn)
	write RURAL a	Smith Island		2 Years	479	X	Smith	h Isla	and				
	I. NAME OF HOS	PITAL OR INSTITUTION (if			ss)	d. STREET	ADDRESS		4,,,,,			l a. 15 R	ESIDENCE
		Rhodes Point						es Po	int				A FARM?
3.	NAME OF	First		Middle		Last		4. DAT		h	Day	Yee	
1	Type or print)	HELEN		MARIE	H	EFFNER		OF DEA:		ember			61
5.	SEX	6. COLOR OR RACE 7	. MARRIE	NEVER MARRIED	8.	DATE OF BIRT	ГН		9. AGE (In years last birthday)				
1	Female	White	WIDOWE	D DIVORCED		Nov. 16	1919	9	42 yrs.	Months	Days	Hours	Min.
10e.	USUAL OCCUPA	ATION (Give kind of work working life, even if retired)		ND OF BUSINESS OR					country) .	12. CI	TIZEN O	F WHAT	COUNTRY
dor	Housew:			t Home		Co 115	insvil	lle.	Okla.	U.	S.A.		
13.	FATHER'S NAME		-			14. MOTHER'S							
		Orval E. Sul	livar	n		Me	ary Fa	annie	Cates				
15. (Yes	WAS DECEASED (, no, or unkown)	EVER IN U.S. ARMED FORCE (Ifyesgivawarordatesofsen	5? 16. vica)	SOCIAL SECURITY NO		NFORMANT Llis E.	Sulli	ivan-	8522dre	. Can	abric Ari	lge A	ve.
-	18. CAUSE OF	DEATH [Enter only one co	use per li	na for (a), (b), and (c)						-	INT	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Be	arbituate 1	Pois	oning	-Self-	-Admin	nistered			5 hrs	
	Conditions, if a	(10/											
	gava rise to imma	DUE TO											
	cause last.	(c)						- 176					
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDITION	ONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PAR		PERF	AUTOPSY DRMED?
	20m. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS 2DE	. DESCRI	BE HOW INJURY OCC	URED. (E	ntar nature of In	njury in Parl	t I or Part II	of itam 18.)		-6		
MEDICAL	20c. TIME OF IN	JURY Month, Dey, Year Dec. 26 19 6	While	Not While		CE OF INJURY (ory, street, office			City or town)	(Co	unty)		(Stata)
		that I took charge of			ove, he	d an Autop	sy X	Inspectio	n X Inqui	ry X	and	in my c	pinion
		from: Natural caus				1989	lomicide	president .	Indetermined m	nanner [7		
			_				MEDICAL E	-					
	ACTUAL SIGNATURE_	C. 91, 18	au	v-ley		M.D. ASSIS	TANT MEDI	ICAL EXAM	INER		D	ATE SIC	NED
	EXAMINER'S	C C D7	16	7			Y MEDICAL			Dec	24	1061	
00	NAME (Type)	C. G. Rawle		22c. NAME OF CEME	TERY OR		ss (Streat, c		or county) ATION (City, town	Dec.		1901 (Ste	101
228.	REMOVAL (Spec						1					(516)	-
	Burial		962	Ridgelawn	Ceme	etery			insville,				
23.	FUNERAL DIRECT	FOR		ADDRESS		2 B. 7		D BY REGI	STRAR 246. REG				

Bradshaw & Sons--Crisfield, Maryland

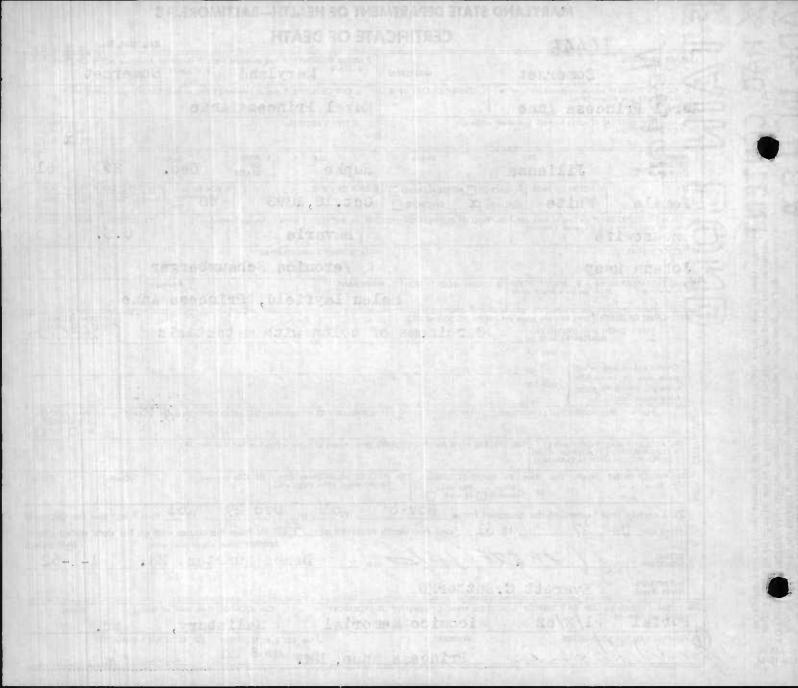
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FULL ALL DIRECTOR: After this certificate has been signed by the attending physician and completed and completed in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death. VR A1S (4) 1SM 7/61

MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	TE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
SOMERSET MARYLAND	• STATE MARYLAND b. COUNTY SOMERSET
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CRISFIELD	MARION STATION
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
EDW. W. McCREADY MEMO. HOSP.	YES NO TANK
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) MABEL	JOHNSON DEATH DECEMBER 7 1961
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE NEGRO WIDOWED DIVORCED	6-20-1900 G Jrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Johnson	LAURA COULDORN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Hyes give wer or detes of service)	INFORMANT Address
Rc	OBERT JOHNSON, MARION, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coute & 27	feart i Cereba Anniluy
DUE TO	
Conditions, if any, which) (believed and he	ylules
geve rise to immediate cause (e), stating the underlying DUE TO	+
cause last. (c) Clinica Implica	aleles
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Journal arlies Selvas	
OR CONTRIBUTING (*) CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete)
Hour a.m. While Not While et work	
21. I certify that (I) (this hospital) attended the deceased from.	Nea / 196/ 1012-7-61 , 19, that (I) (we) last
saw the deceased alive on $12-7-61$ 19, and that	deeth occured at
22a. SIGNATURE	ATTENDING MED, STAFF 22b. DATE SIGNED
Leuge 6. Evellum N	A.D. PHYS. DIRECTOR PHYS.
22c', PHYSICIAN'S	22d. ADDRESS
NAME (Typ) GEORGE C. COULBOURN, M. I.	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
BUTIAL DEC10-61 HAMIELY	MARION, SOM, MD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S' SIGNATURE
marles Helvird, Marion sta,	Md DATEC 18'61 Circher S. Phone

NH 3 T T E STERNET Z INTERES Tomer. I. de transport de la constante de la c - 1898 10 Brand Brand Brand Lives Coultron JOSEPS JCHROL Consts Johnson. Lagger. Newthello become J. Compounds D. H. Land W. Eller D. Become

eath: Page 4	nerol director,
24 hours ofter d	ed ignitive fur
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be refreed by the hospital ar attending physician. TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of should be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.
h certificate be	may be refrequed by the hospital or attending physician. TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campage 3 should be detached far use as the burial-transit permit. Then please remave carbon pape the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death.
es that the deat	ed by the attend rmit. Then pleas any event within
The law requir	ng physician. e has been signe burial-transit per remaval, and in
NG PHYSICIAN	moy be referred by the hospital or attending physician. O FUNER IRECTOR: After this certificate has been signoge 3 should be detached for use as the burial-transit p the registrar prior to burial, crematian, ar remaval, and i
L OR ATTENDI	ned by the ho IRECTOR: Aff uld be detached ir prior to burial
TO HOSPITA	TO FUNER page 3 sho the registra

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

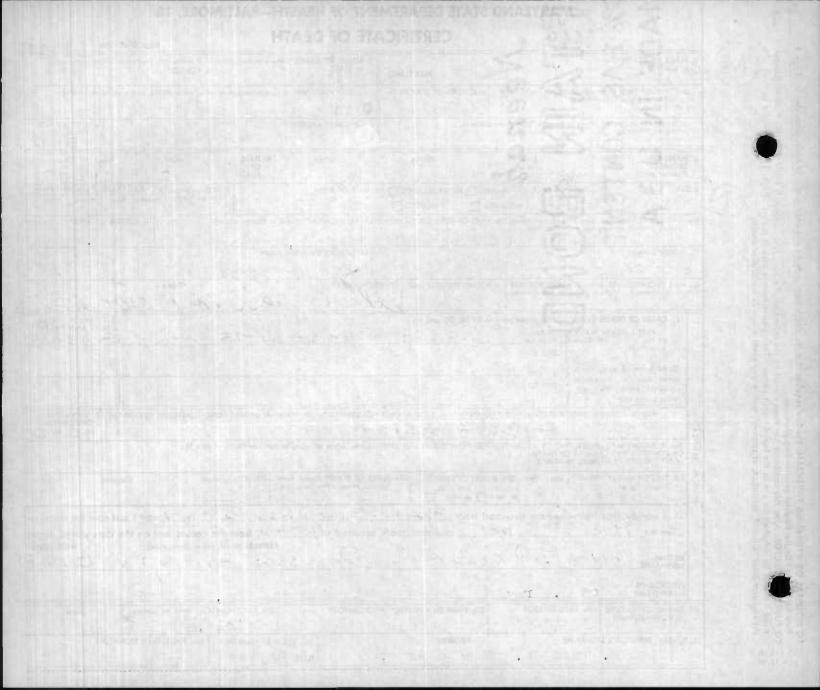
4449	CERTIFICATE OF	DEATH
------	----------------	-------

Reg.	Dist.	No.	4	4	4	-6	C
-			= :		-9	-	

1. PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instit b. COUN	TY	fare admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give n	egrest town)
RURAL and give nearest town)	Life Time	Oriole	Y		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Alonzo	Middle	Jones	I OF	ionth (Doy Year
5. SEX 6. COLOR OR RACE 7. MARRI Olored WIDOWEI	_	8. DATE OF BIRTH 4/6/1870	9. AGE (In year last birthday		AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butlep	MIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Enos Jones		Fa nces	Waters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no. or unknown) If yes. give wor or dates of service	SOCIAL SECURITY NO. 17. I	NFORMANT /S		ddress /	20 700
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under-lying couse lost.	Obronic	Dyacar	gitis	Or	SET AND DEATH
, (0)	ontributing to death but		INAL DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE		Part I or Part II of item 18.)		
Hour o. m. While	Not while of work 20e. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	n. 20f. (City or town)	(Count	y) (State)
21. I certify that I attended the decease alive an Dec 7 196 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Eldon G. Markens	albonan	accurred at 1. 077	M, from the causes ADDRESS (Street, city or tow SS Anne, Many	and on the d	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town	or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr. Pri	ADDRESS		1	GISTRAR'S SIGNAT	URE

B

VS A15 (4) 15M 10/57



TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

ge 4 may be retained by the hospital or attending physician.

TO FULLARL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) EDW. W. MCCREADY MEMO. HOSP. 3. NAME OF DECEASED (Type or print) GARFIELD 5. SEX MALE OCCUPATION (Give kind of work done during most of working life, even if resired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND ANALYLAND SOMER SET MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ANALYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STREET ADDRESS OF DEATH DECEMBER 14. DATE OF DECEMBER 15. SEX Month OF DECEMBER 16. COLOR OR RACE NOTH OF DECEMBER 17. MARRIED OF DECEMBER 18. DATE OF DECEMBER OF DECEMBER 19. AG
a. COUNTY SOMERSET MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) EDW. W. MCCREADY MEMO. HOSP. 3. NAME OF DECEASED (Type or print) GARFIELD Middle Last JONES DEATH FOR DECEMBER 14 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NIVORCED JULY 1, 1887 MALE MARYLAND SOMERSET c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARION d. STREET ADDRESS OF DEATH DECEMBER 14 19 61 S. DATE OF BIRTH Month Dey Yaer JONES MARYLAND 106. USA RESIDENCE ON A FARM? YES NO 107 JULY 1, 1887 JONES 108. DATE OF BIRTH JONES Month Days House Min. Months Days House Min. Months Days House Min. Min. 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) EDW. W. MCCREADY MEMO. HOSP. 3. NAME OF DECEASED (Type or print) GARFIELD 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIOLET AND NEVER MARRIE
write RURAL and give nearest lown) CRISFIELD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) EDW. W. MCCREADY MEMO. HOSP. 3. NAME OF DECEASED (Type or print) GARFIELD JONES 6. COLOR OR RACE 7. MARRIED NEVER NEV
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) EDW. W. MCCREADY MEMO. HOSP. 3. NAME OF DECASED (Type or print) GARFIELD 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH NEGRO WIDOWED NIVORCED JULY 1, 1892 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ALE ## ACCREADY MEMO. HOSP. YES NO
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(Type or print) GARFIELD JONES DEATH DECEMBER 14 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH NEGRO WIDOWED NIVORCED JULY 1, 892 9. AGE (In years last birthday) 7 yrs. NEGRO WIDOWED NIVORCED JULY 1, 892 9. AGE (In years last birthday) 7 yrs. Nonths Days Hours Min. Months Days Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY
MALE NEGRO WIDOWED DIVORCED JULY 1, 882 79 yrs. Months Day's Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY
ITALE IVEGRO WIDOWED DIVORCED VULY 1, 82 79 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if retired
M A TONA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA
JAMES JONES NAN COULBOURN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or dates of service) 212-16-75-88BERNICE JONES, MARION, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: I COULTE D'IL of heart- Hyperteuren ONSET AND DEATH
443X DUE TO Cerebral Hemorrhage -
Conditions, if eny, which) (b) Ahrenia Much as liter of but We sheet in externs -
gave rise to immediate cause
(e), stating the underlying Cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPED PERFORMED? PERFORMED? YES NO OR CONTRIBUTING ABUSE OF DEATH JANUSE OF DEATH OR CONTRIBUTING ABUSE OF DEATH OF CONTRIBUTING ABUSE OF DEATH THE FITHER, NOTIFY APPLICAL EXAMINER!
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.)
G CONTRIBUTING MALSE OF DEATH (I) (IF EITHER, NOTIFY MALSE OF DEATH (I) (IF EITHER, NOTIFY MALSE OF DEATH (I) (IF EITHER, NOTIFY MALSE OF DEATH (I)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour a.m. While Not While factory, street, office bldg., etc.)
8-1 11 10 14 01
21. I certify that (I) (this hospital) attended the deceased from ARO 1 195 196 1 14 196 1, that (I) (we) las saw the deceased alive on 12 14 6.1 19 1
22a. SIGNATURE 22b. DATE
ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type) GE OR GE C. COULBOURN, M. D. MARION, MARYLAND
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
ISURIAL DOC 17-1961 WARDS MOMORIAL MARION SOM. MD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Finales H. Ward Maxim sta Ma DATE DEC 2 2'61 arily 8. Thous

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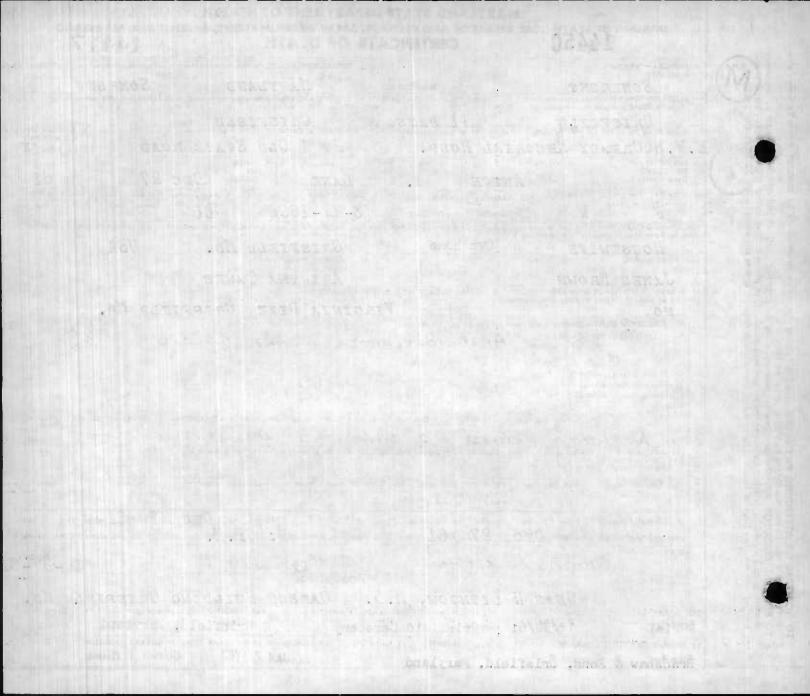
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This certificate has been signed by the attending priyaician and complete the turner and	d for use as the burial-transit permit. Then please remove carbon paper, rages 1 and 2 should	alth prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14450 CERTIFICATE OF DEATH 14417

1. PLACE OF I	EATH			e. STATE	SIDENCE (Wh	ere deceesed lived, I		dence before admission)
So	OMER SE T		MARYLAND		MARYLA		SOME	SET
b. CITY OR TO	OWN (if outside corporate AL end give nearest town)	limits,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside	e corporate limits, wr	te RURAL end gl	ve nearest town)
C_{F}	HOSPITAL OR INSTITUTION		11 DAYS		CRISFI	ELD		
				d. STREET A		~		e. IS RESIDENCE ON A FARM?
E.W. MCC	READY ME	MORIAL	HOSP.	RT	1 ULD	STATE R	OAD	YES NO K
3. NAME OF DECEASED		First	Middle	Lest	4. D4		th D	ay Yeer
(Type or print)		ALIC	E A.	LANE		EATH DEC	27	19 61
S. SEX	6. COLOR OR RA	ACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YE	AR IF UNDER 24 HRS.
F	W	WIDOWE		3-22-	1896	last birthday)	Months Day	Hours Min.
	CUPATION (Give kind of		ND OF BUSINESS OR INDUST	RY 11. SIRTHPLA	CE (County & Sta	ite, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
77 -	of working life, even if r		wn home	CDT	CETELD	Mn.	USA	
13. FATHER'S N	ISEWIFE	- 1	WII IIOINO	14. MOTHER'S	SFIELD MAIDEN NAME	HD.	USA	
-	2					7		
	ES BROWN SED EVER IN U.S. ARMED	FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	NTHA T	AWE S	a c	
	wn) (If yes give wer or dete				D	-		
NO				RGINIA	DIZE	CRISFI		
	OF DEATH [Enter only		ine for (a), (b), end (c).]					INTÉRVAL BETWEEN ONSET AND DEATH
PARIL	IMMEDIATE CAUSE		2TERIOS CLEI	POTIC 1	LEART	D15 (95	5	2 years
L.	O A DUE	TO						/
Conditions,	if any, which	(b)						
	mmediete cause	1-1						
(a), stating cause last.	the underlying DUE	10						
	OTHER SIGNIFICANT CO	(c)	TRIBUTING TO DEATH BUT NO	OT DELATED TO TH	E TERMINIAL DIS	FASE CONDITION OF	VEN IN DART 1/a	11 10 WAS ALITOPSY
ē raki ii.	OTHER SIGNIFICANT CO	NDITIONS CON					A CIA HAT NET ING	PERFORMED?
5 1. 1	RPHROSCI			ABETE		ELLITUS		YES NO
OR CONTRIB	NT WAS UNDERLYING [UTING [] CAUSE OF DEA IOTIFY MEDICAL EXAMIN	TH	CRIBE HOW INJURY OCCURED), (Enter neture of	injury in Part t or	Pert II of item 18.)		
Z 20c. TIME C	F INJURY Month, Dey	, Year 20d. I		CE OF INJURY (H		(City or town)	(County)	(State)
20c. TIME O		While at work	pomp 1 101 11 11110 pomp	tory, street, office b	oldg., etc.)			
-	Print.	7	ded the deceased from.	1000 17	10 / /	DEG	27 1061	1 (0) () 1
		UE.C	2.7196.1, and tha	death occure	d at y	from The causes	and on the	
22a. SIGNA	TURE		2.14.	ATTENDING	MED.	STAFF		22b. DATE SIGNED
	Charle	14. X	ithyan .	I.D. PHYS.	DIRECTO	R PHYS.		12-27-
22c. PHYSIC NAME	IAN 3			22d. ADDR	ESS			
NAME	CHA	SHI	THGOW, M.L	CA	RSON B	UILDING	CRISE	TELD MD.
23a. BURIAL, CR	EMATION, 236. DATE	THEREOF	23c. NAME OF CEMETERY			LOCATION (City, 1		(State)
Burial (S		0/61	Crisfield Cem	etery		crisfield,	Marylan	ıd
	ECTOR'S SIGNATURE		ADDRESS		25a. REC'D BY	REGISTRAR 25b. R	EGISTRAR'S SIG	NATURE
Readaha	w & Sons, Cr	i efield	Maryland		DATEJAN 2	'62	Inthun S. H	caus
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	G S death.	I		be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

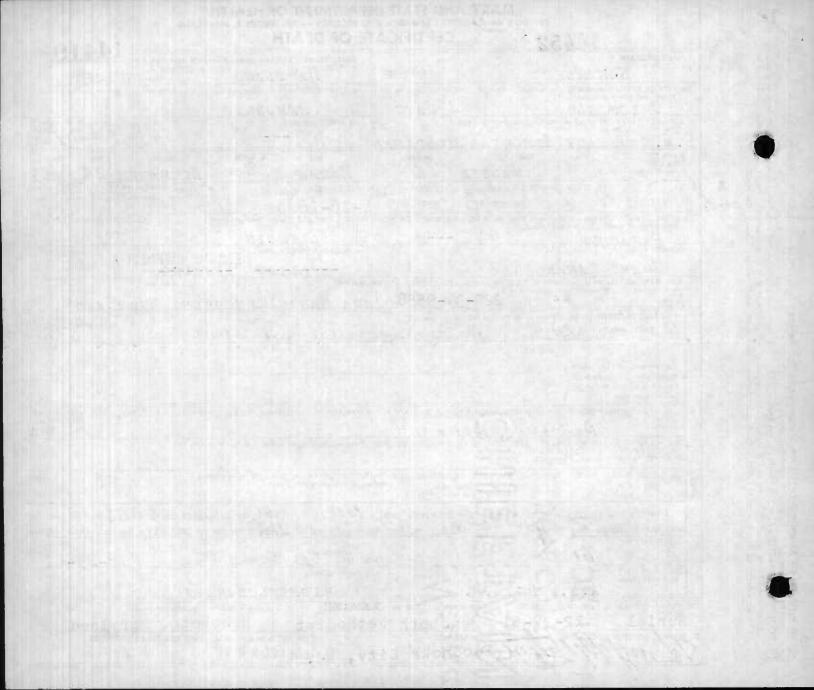
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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence field a decision
SOMERSET	MARYLAND	SOMER SET
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give nearest town)	0.4	
CRISFIELD	24 DAYS	MARION STATION
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
E.W. McCREADY MEMORIA	L HOSP.	RFD YES NO
3. NAME OF First	Middle	Last 4. DATE Month Day Yeer
(Type or print) UPSHUR	Lon	
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
10 12		C 10 1070 last birthday) Months Deys Hours Min.
M WIDOWEI		
done during most of working life, even if retired)		RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
FADMED Fa	rming	MARION STATION MD. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
ALEX LONG		GEORGIANNA PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or dates of service)	6-38-9329 D	Manager Manage
NO 1B. CAUSE OF DEATH [Enter only one cause per li	2 2 2	OROTHY MARSHALL, MARION MD.
PART I. DEATH WAS CAUSED BY:	A - 10	ONSET AND DEATH
IMMEDIATE CAUSE (e)	ile Dury	Hert hreuse 2 mults
442 X DUE TO SO	1. O A.	10 - 1 00 2
Conditions, if eny, which	we sur he	flites Clima hyperacto Jesses)
gave rise to immediate cause		
(e), stering the underlying	11010 G	at and alm
cause last.	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CON	IKIBUTING TO DEATH BUT NO	PERFORMED?
CAT		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 206. ACCIDENT WAS UNDERLYING 20b. DESI 00 CONTRIBUTING CAUSE OF DEATH 0 FETTING CAUSE OF DEATH 0 ETTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Z Dc. TIME OF INJURY Month, Dey, Yeer 2Dd.		ACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State)
Hour a.m. While		ctory, straat, office bldg., etc.)
Print		10 61
21. I certify that (I) (this hospital) attended	ded the deceased from	Julie, 1966 to DEC 18, 1961, that (1) (we) !
saw the deceased alive on D.E.C 1.8	3196.1 and that	t death occured at 2.2.405 from the causes and on the date stated abo
22e. SIGNATURE	1.	22b. DATE
George 6 Love	Chron M	ALD. ATTENDING MED. STAFF PHYS. 12-18-6
22c. PHYSICIAN'S	N	22d. ADDRESS
NAME (Type)	Y	MD MAD TON COMMITTON MD
GEORGE U. C	OULBOURN,	MU MAR ION STATION MD. OR CREMATORY 23d. LOCATION (City, fown or county) (State)
238. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	
Burial 12/20/61	Sunnyridge Ce	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bradshaw & Sons, Crisfield	. Md.	DATE DEC 2 6 '61 arthur S. Kinns
a porto, or round	,	

CHOR MAN DEED TEXTER DEED. W. S. and the second of Control to the control of the contro ACT MI TOTALTO UNITED TO THE SECTION COME CARREST AND TOTAL DELL'S diodes A. Wordhouter III Thistip Of the Co. 191 (818/12/24 10,20,61 1 10,02 up Arosales e Sons, Clarisid, o. .

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11.7.50

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased live			efore admiss	iton)
SOMER SE I		MARYLAND	MARY	LAND	b. COUNTY	SOMER	SET	
b. CITY OR TOWN (If autside carpora RURAL and give nearest town)	ite limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RI	JRAL and give	nearest town	1)
CRISFIELD	18616	2 DAYS	\times REH	OBETH				
d. NAME OF HOSPITAL (If nat in hasp OR INSTITUTION			d. STREET ADDRESS					FARM?
E.W.MCGREADY A		AL HOSPITA	<u>D</u>	Ta pass				
J. NAME OF DECEASED (Type or print)	First WAL.	TER K	MAHAN	4. DATE OF DEATH	DE CE		0	Year 1961
5. SEX 6. COLOR OR	RACE 7. MARR	IED A NEVER MARRIED	B. DATE OF BIRTH		GE (In years ost birthday)	Months Day	1	ER 24 HRS. Min.
M = W	WIDOWI	DIVORCED	6-15-1893	6	8 yrs.	Monnis Day	110015	win.
10a. USUAL OCCUPATION (Give kind of during most of warking life, even if	work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign countr	γ)	12. CITIZEN	OF WHAT	COUNTRY?
PREACHER			ILLIN	OIS		US	A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME T. TT.T.	IIS KEI	ONER	7-7-	
GRANT MAHAN	7		-61647	ANTE	YSNER	INTRIC		
5. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ess	Trace	
No	22	20-34-9558	ANNA MAHAN	REHOR	ETH.	MARYL	AND	
1B. CAUSE OF DEATH [Enter only	ane cause per li	ne for (o), (b), and (c).]			,	11	NTERVAL BE	TWEEN
PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	Acute min	grandial in	Jaretic	u		NSET AND	THUM
11001	UE TO							
Conditions, if ony, which)	(b)							
gove rise to immediate	UE TO							
lying couse lost.	(c)	The Experience						
PART II. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY DRMED?
5 Ama	elice	henatities						NO 1
PART II. OTHER SIGNIFICAN PART III. OTHER SIG	EATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II o	if item 18.)			
	y, Year 20d. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, fare	m, 20f. (City or t	own)	(Coun	ity)	(Stote)
20c. TIME OF INJURY Month, Do	While of wor	TAOL MUILE	foctory, street, office bldg., et	c.)				
			Nav. 15	1.1	7 2	1 20 61	11 . 115 /	
21. I certify that (1) (this has	~ ~			126L, ta				
saw the deceased alive an	DEC 2	\pm IV_ \perp _, and that	death accurred at 2	HAY from the	causes an	d an the do		b. DATE
AN F	Burn		M.D. ATTENDING	NED. S	TAFF HYS.	10	21	SIGNED
22c. PHYSICIAN'S	Per II		M.D. PHYS. D	RECTOR P	HYS. 🗌	10	-64-	0.1
NAME (Type) A. N. B	BARR M	.D.		ELDMAR	YLAND			
230. BURIAL, CREMATION, 23b. DATE 1	THEREOF	23c. NAME OF CEMETERY	ON MEMORINA	23d. LOCATION	(City, tawn,	or county)	(Stot	te)
Burial 12-	27-61	Rehobeth	Methodist	Reho	beth,	Mary	land	
24. FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS		D BY REGISTRAR		STRAR'S SIGNA	_	
VRIMI FACE	usin	Pocomoke C	ity, Md DATE D	EC 2 9 '61	(J)	Mus S. M	raise	
V-/								



TO HOST-23AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S A IO FUNCALAL DIRECTOR: After this certificate has been signed by the attending physician and complete led in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprevent, within 72 hours after death.

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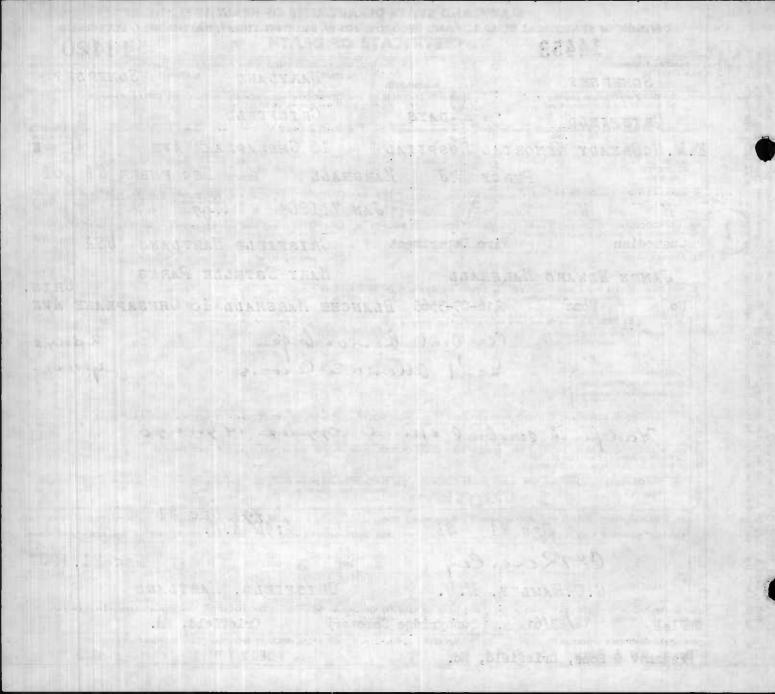
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15. (Ye:

MEDICAL CERTIFICATION

23a Bu

MARYLAND STAT		
DIVISION OF STATISTICAL RESEARCH AND RECO	CATE OF DEATH	MARYLAND
PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution:	
SOMER SE T MARYLA	o. STATE MARYLAND b. COUNTY S	OMER SET
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY II write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest town)
~ 9 pave	39 CRISFIELD	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
W. McCREADY MEMORIAL HOSPITA	AL 13 CHESAPEAKE AVE	ON A FARM? YES NO K
NAME OF First Middle	Last 4. DATE Month OF	Day Yeer
(Type or print) P_{ERCY} J	MARSHALL DEC EMBE	R 21 ₁₉ 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH JAN 7, 1904 9. AGE (In years If UNDER last birthday) 57 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN		IZEN OF WHAT COUNTRY
e during most of working life, even if refired) Custodian Fire Departmen	t CRISFIELD MARYLAND	USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES EDWARD MARSHALL	MARY ESTELLE PARKS	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. !	17. INFORMANT Address	CRIS
No None (Ifyesqivewerordetesofservice) 216-09-3565	BLANCHE MARSHALL 13 CHESA	PEAKE AVE
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (Lee bral	hemorrage	2 deur S
2211	Perio Selerosis	years -
Had fuel cerebral eper	iacle Copprox- 14 yrs ago	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 2Dd. INJURY OCCURRED 20 20 20 20 20 20 20 2	De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Confactory, street, office bldg., etc.)	unty) (Stete)
21. I certify that (I) (this hospital) attended the deceased f	from	that (I) (we) las
saw the deceased alive on DEC 21 61 , and	that death occured at	the date stated above
22a. SIGNATURE CORcurley.	M.D. ATTENDING MED. STAFF DE	c 21,1961
PHYSICIAN'S NAME (Type) C.G.RAWLEY, M.D.	CRISFIELD, MARYLAND	
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME 12/23/61 Sunnyridge	e Cemetery 23d. LOCATION (City, town or country Crisfield, Md.	(Stete)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
radshaw & Sons, Crisfield, Md.	DATE DEC 2 7 '61 Carilung	S. Kraus
, , , , , , , , , , , , , , , , , , , ,	The state of the s	

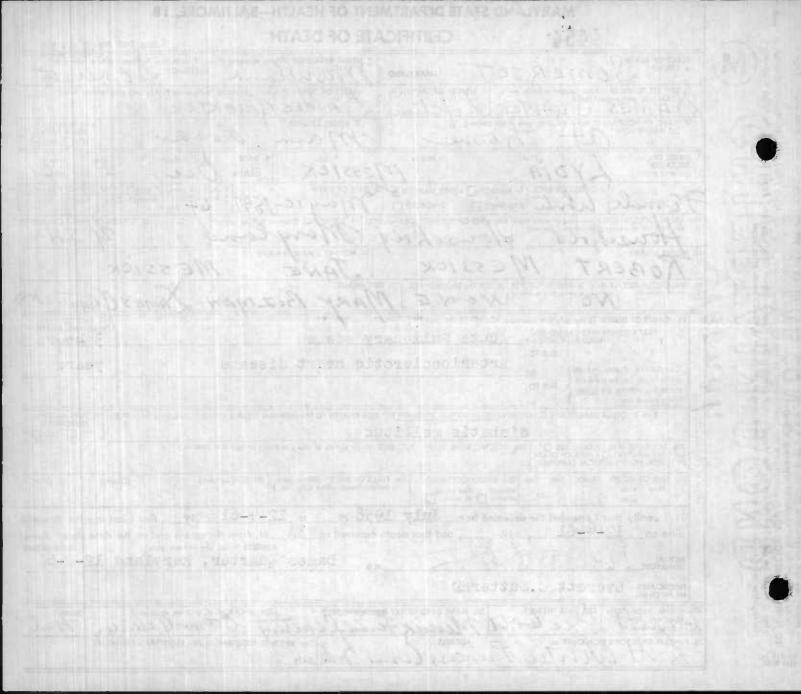


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ATE OF DEATH Reg. Dist. N	4.1191
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	efore admission)
c. CETY OR TOWN (If outside corporate limits, write RURAL and give of	
d. STREET ADDRESS Road	e. IS RESIDENCE ON A FARM? YES NO P
7E351CK 4. DATE Month OF DEATH DEATH	Day Year
	AR IF UNDER 24 HRS.
JSTRY 11. BLRTHPJACE (Stote or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
14. MOTHER'S MAIDIN NAME TANE MESSICK	
MARY BOZMAN- XAMES	CHASERME
ry edema	NTERVAL BETWEEN NSET AND DEATH 3 hours
tic heart disease	years
t not related to the terminal disease condition given in Part 1(0) ${ t US}$	PERFORMED? YES NO
ED. (Enter nature of injury in Port I or Port II of item 18.)	
LACE OF INJURY (Home, farm, 20f. (City or town) (Count octory, street, office bldg., etc.)	y) (State)
958, 19, to_12-4-61, 19,that I last	
h occurred at <u>3A</u> M, from the causes and an the d ADDRESS (Street, city or town, state)	late stated above. DATE SIGNED
M.D. Dames Quarter, Maryland	12-6-61
22d. LOCA ON (City, town, oppounty)	(Stote)
amil Cemetery James Greenle	in med
1 240 PECIDAY REGISTRAR 245 REGISTRAR'S SIGNAT	URE

" Circhar S. Thomas

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist, No. 122

23

U.S.

(County)

Months

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

HINKMOPIN

(Stote)

DATE SIGNED

(Slote)

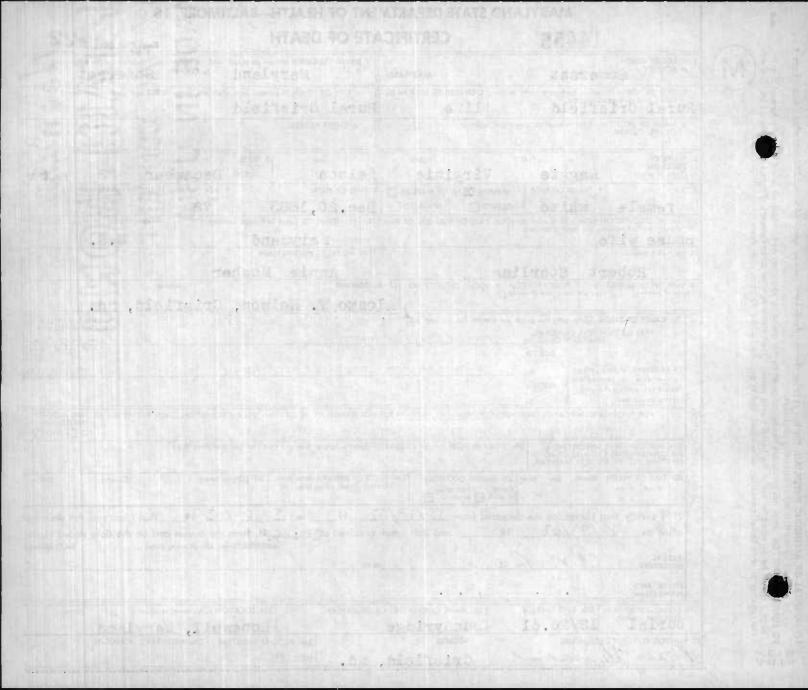
PERFORMED? YES NO TO

e. IS RESIDENCE ON A FARM? YES NO TE

Yeor

19 61

Somerset



with directar, Page . filed haurs after death. pe plands a prior P the registrar

page

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VS A15 (4)

15M 10/57

3. NAME OF

Male

DECEASED

(Type or print)

13. FATHER'S NAME

lying couse lost.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14458 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY Somers of 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne Princess Anne Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Middle 4. DATE Month 29,1961 Dec. William Prvor DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH (ary 5 thdoy) Months Sept. 26,1886 Dovs White WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? Retired Farmer Farming U.S.A. Fruitland, Md. 14. MOTHER'S MAIDEN NAME William Pryor Clara Pusey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. William Pryor, Princess Anne, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) armare 10 mes **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (o), stoting the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Not while of work of work c 29

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY o. m p. m.

21. I certify that I attended the deceased from. 19.59 1962_that I last saw the deceased and that death occurred at 1.2.15.2 M, fram the causes and an the dote stated above. ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Allen Gemetery

22d. LOCATION (City, town, or county) Allen,

24b. REGISTRAR'S SIGNATURE

(Stote)

24g. REC'D BY REGISTRAR Circhart S. Traus

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Loger start		3-3-3	

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dis. No. 124

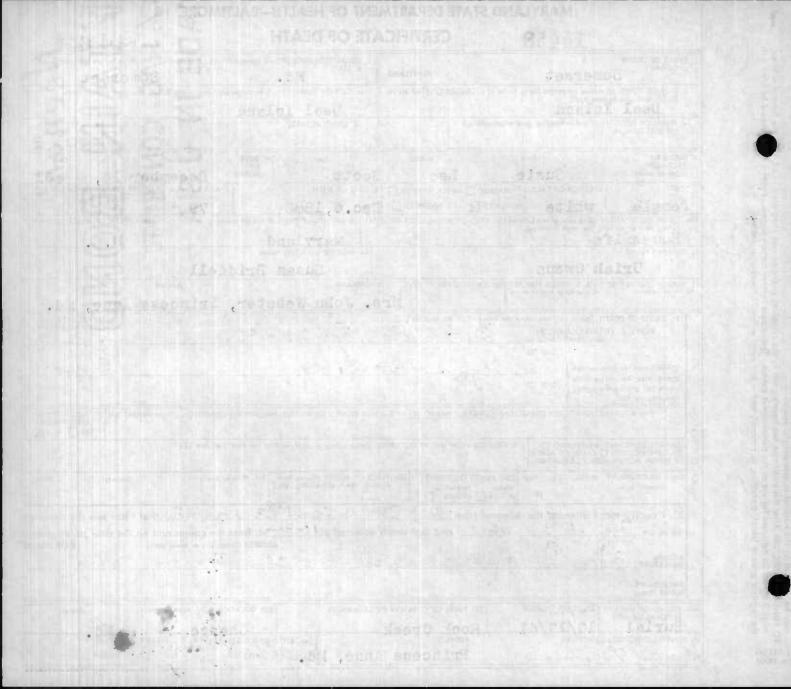
	E OF DEATH				Bures		2. USUAL RESIDENCE					fore admissi	on)
h CIT		ERSET			MARYLA		°.MARYLAI			ERSET			
on on	TY OR TOWN (If and give nearest town)		ils, write RURAL		TH OF STAY IN	116	c. CITY OR TOWN			rite RURAL on	d give n	earest tawn)
	NCESS				YEARS		X PRINCE		INE				
d. NA	ME OF HOSPITA	L OR INSTITUTI	ON (If not in	hospital, give	street address)		d. STREET ADDRESS	5				e. IS RESI ON A YES	FARM2
3. NAM			First		Middle		Last	4. DATE	Mo	anth	Day	Yeo	r
	ar print)	HAR	VEY	M.	RUSS	SEL	L	DEATH	DEC.	25,		19	61
5. SEX		6. COLOR OR	RACE 7. MA	RRIED A NE	VER MARRIED	3.8	ATE OF BIRTH		9. AGE (In years		RIYEAR	IF UNDER	24 HRS.
MAI	E	WHITE	WIDO	WED 🔲	DIVORCED	JA	N.23,1906	3	55 y	rs. Months	Days	Hours A	Ain.
10a. USU	JAL OCCUPATIO	(Give kind of	wark dane 10	b. KIND OF BI	USINESS OR INC	DUSTRY	11. BIRTHPLACE (Sto	ate ar fareign			IZEN O	F WHAT CO	OUNTRY?
TRU	most of working	YBUIL	DER				LEEMONT,	VA.			U.S	.A.	
-	HER'S NAME					1	4. MOTHER'S MAIDEN						
W	ARREN	RUSSEL	L				MARGARE		IMAN				
15. WAS	DECEASED EVE	IN U. S. ARME	D FORCES?	16. SOCIAL SE	CURITY NO. 1	17. INF	DRMANT		Addr	PAS			
	r unknown)	If yes, give war or d	ates of service)			MR:	S. HARVEY	RUSS		RINCE	SS	ANNE	. MD
	CAUSE OF DEATI	1 (Enter only or	ne couse per li	ine for (a) (b)	and (c)]	241.2.2.1	J. 111111123	11000					
	PART I, DEATH	WAS CAUSED	BY: Core		eart Dis						ONSE	T AND DEATH	
4	1	MMEDIATE CAU	SE (a)	oriary n	eart DI:	sea	se				24	hrs.	
	of a		E TO										
Can	nditians, if an	r, which	(p)										
{a},	stating the ur		E TO										
	se last.	,	(c)										
6	PART II, OTHE	R SIGNIFICANT	CONDITIONS	CONTRIBUTION	IG TO DEATH B	BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION (GIVEN IN PAR	T 1(a) 1	PERFORM	TOPSY
3											1	res 🔲 N	10 DX
PRIM	EXTERNAL CAUS MARY () or CON' ISE OF DEATH.	RIBUTING	20b. DESC	RIBE HOW INJ	URY OCCURRE	D. (Ente	er nature af injury in P	art I ar Part I	af item 18.)				
WEDICAL 20c.	TIME OF INJURY	Month, Da		d. INJURY OC		PLACE	OF INJURY (Hame, fa	rm, 20f. (Cit	y or town)	(Ca	unty)	((State)
WED	Haur a.m. p.m.			hile Nal		tuctory	, street, affice bldg., e	(C.)					
21.	I certify the	t I taak che	arge of the	e remains	described o	abave	, held an Autap	osv 🗖 . I	nspection [XIX Inquir	KX vr	and fin	d that
							le [], Hamicio		ndetermined		_	, una mi	id IIIQi
		m ()					, Haimele	, C L, C	ndererimined	cuose [_	1.		
	TUAL A	BULL	IN DA	M.			CHIEF MEDICAL	EYAMINED [1			DATE SIGN	NED
SIGI	NATURE	9000	<u> </u>			/	A.D. ASSISTANT MEDICAL					- 1 1	
	ME (Type)	н. Јо	hnson,	M.D.			DEPUTY MEDICA		_		1	2/26/0	51
22a. BURI	IAL, CREMATION	, 22b. DATE TH	IEREOF	22c. NAME	OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, taw	, ar county)		(State)	
BUR	TAL	12-2	7-61	BEEC	HWOOD	ME	MORIAL PA	ARK F	RINCES	SANN	E.	MD.	
23. FUNE	PAL DIRECTOR'S	SIGNATURE		ADDR			240 PE	C'D RY PEGIS	TRAP 245 DE	GISTRAR'S SIG			
To	in	R 14/-12	am.	PRINCE	SS AND	NH.	MD. DATE	EC 2 9 '6	i1 C	lathun S.	Hour	4	
				A SHARE WILL		20.00							

	ARE MERILINE					
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Twint is not 1	THE SECOND STREET			A THE REAL PROPERTY.	· ·	
		THE PARTY OF			4	
			F 10 150 12			
			8 40 5 6 7 4459			

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CERTIFICATE OF DEATH 14458 Reg. Dist No.425 director, iled with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE be filed b. COUNTY Somerset MARYLAND Md. Somerset death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) phould Deal Island Deal Island haurs after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF First DATE Middle Lost Month Yeor Day DECEASED 24 Susie (Type or print) DEATH Lee Scott December 16 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months Hours Min DIVORCED [female white WIDOWED TO 79 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) pup Housewife Maryland U.S. corban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offo certificate Uriah Owens Susan Briddell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Mrs. John Webster. offending Princess Anne, Md. 1B. CAUSE OF DEATH [Enter only one couse per line-for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY 40,005 IMMEDIATE CAUSE (o) 4201 DUE TO ģ permit. any Gears Conditions, if ony, which 3751 DE gove rise to immediate 2 DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour While Not while of work of work p. m 16 ... 1961 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 10-300M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior Pe P the registrar PHYSICIAN'S NAME (Type) TO FUNER e 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Rock Creek Chance FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Princess Anne, Mdage DEC 2.7'61 Colling & Turns 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT. TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dayy is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111150

	14	459 MED	ICAI	. EXAMIN	ER'S	CERTIFICA'	TE OF	DEATH	14	4	26	
	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where de	ceesed lived, If	Institution: Re	esidend	e before	dmission)
	Somers	et		MARYL	AND	Maryl	and		Some	rse	t	
		f outside corporete limits, give necrest town)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corpo	rete limits, write	RURAL end	give r	seerest tow	/n)
	Chance	g. 10 1100100 10 1111		15 yrs.		X Chance						
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if I	not in hosp	itel, give street addres	:s)	d. STREET ADDRESS					ON.	A FARM?
3.	NAME OF	First		Middle		Last	4. DATE	Month		Day	Yee	
	(Type or print)	Theodor	'e			Tatlor	DEATH	Decemb	er 20),	19	61
5.	SEX	6. COLOR OR RACE 7	MARRIED	IX NEVER MARRIED	T 8	B. DATE OF BIRTH	19.		IF UNDER 1	YEAR	IF UNDER	
	Male	Mhita	WIDOWED			3/11/1916		last birthdey) 45 yrs.	Months D	Peys	Hours	Min.
10a	. USUAL OCCUPAT	ON (Give kind of work	10b. KI	ND OF BUSINESS OR I	NDUSTR	RY 11. BIRTHPLACE (State	or foreign cou	nlry)	12. CITI	ZEN O	F WHAT C	OUNTRY?
do	Contract	rking life, even if relired)	Ele	ectrical		Allen, Md			U.	S.A	A .	
13.	FATHER'S NAME		-			14. MOTHER'S MAIDEN						
	Fred	Taylor				Eliza	beth Ta	vlor				
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCE	S? 16. S	OCIAL SECURITY NO	. 17. 1	INFORMANT		Address				
(Ye	Yes W	iyes give wer or detect of son orld War II	(ice) 212	2-12-3197	Pa	uline Taylor	- Chanc	e, Mary	land			
		EATH [Enter only one co	ouse per lin	ne for (e), (b), end (c).							ERVAL BET	
	PART I. DEAT	H WAS CAUSED 8Y	~	shot wound		head				-	SET AND	
-	001	. /	G GII	JIIOO WOULIG	OI	nead				-	nstan	
	716	DUE TO	Di	e to 22 r	ifle	hullet.						
	Conditions, if eny geverise to immedi	ele cause		00 22 1.		Dulle				-		
	(e), stating the u	> DHE TO							4			
	cause lest.) (c)_	2110 0011	PRINCIPLIC TO DE 1711	ALIT LIG	DE DEL ATER TO THE TERMIN	MAL DISSASS	CAMPITION OF	CALIAL BARY	44 33 40	0 11/45 4	LIZORGH
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CON	IRBUTING TO DEATH	801 NC	OT RELATED TO THE TERMI	NAL DISEASE (ONDITION GIV	EN IN PAKI		PERFC	RMED?
TIFIC	20a. EXTERNAL CA	USE WAS 20t	. DESCRI	SE HOW INJURY OCC	URED. (Enter neture of injury in Per	t I or Pert II of	item 18.)				
	CAUSE OF DEATH.	NI KIBOTING L	Rif.	le bullet :	in h	lead						
3	20c. TIME OF INJU	RY Month, Dey, Yeer				ACE OF INJURY (Home, farm		or town)	(Coun	ity)		(Stele)
MEDICAL	Hour em.	12 20,61	While et work	Not While	Lan	tory, street, office bldg., etc 18	./	Chance,	Some	erse	et M	d.
	21. I certify th	at I took charge of	the rema	ains described abo	ove, he	eld an Autopsy	Inspection	Inqui	y 30x	and	in my o	pinion
	death resulted	rom: Natural cau	ses .	Accident	Suic	ide 🗙. Homicide	, Und	determined m	anner			
		71.10				CHIEF MEDICAL	EXAMINER _					
	ACTUAL SIGNATURE	Wohn	100	_		M.D. ASSISTANT MED	ICAL EXAMINE	R		D	ATE SIG	INED
	EXAMINER'S NAME (Type)	R. H. Johns	son, l	M.D.		DEPUTY MEDICA Address (Street,	-]	L2-22	-61
220	BURIAL, CREMATIC		F	22c. NAME OF CEME	TERY O			ION (City, lown	, or country)		(Slei	le)
	REMOVAL (Specify Burial	Dec.23,196	1	Rock Creek	Chu	rch Cemetery		nance,		ryla		
23	. FUNERAL DIRECTO	PIDT	1	ADDRESS		1000		AR 24b. REG	SISTRAR'S SIG	GNAT	JRE	
	0 0,6	Velozlia	():	wills	a	NEXLE DATPE	C 2 6 '61	ar	Elver S. 7	Trans	ris.	

19 3 11 The state of the s the second rest was not recently been about The state of the s TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

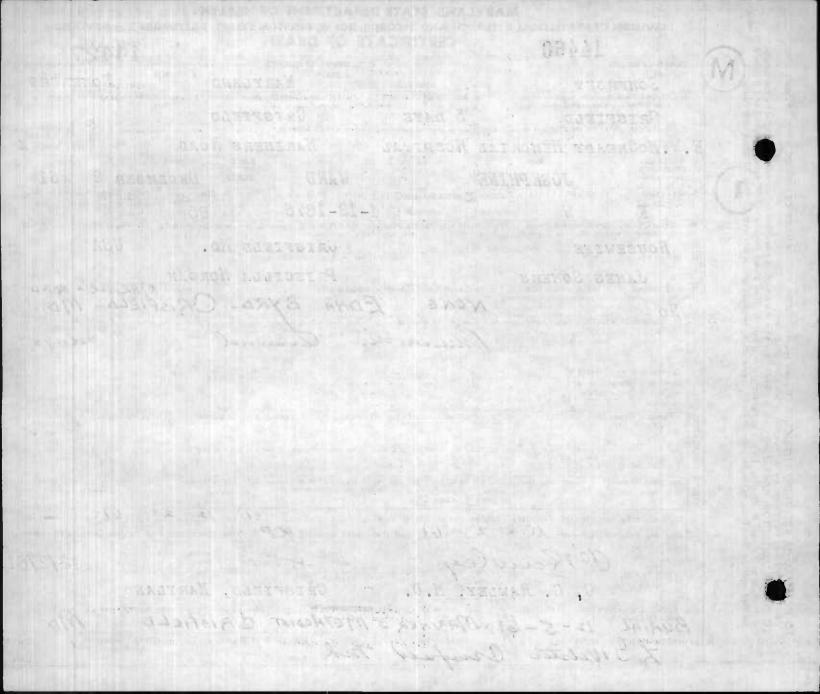
Jet 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed with the fine of the state of t

VR A15 (4) 15M 7/61

	DIVISION	14450	AL RESE	CERTI	FICAT		STON ST	TREET, BALT	IMORE	1, MAR)	rland)''	
	LACE OF DEAT	гн				2. USUAL RESI	DENCE (WH			on: Residence	before edmiss	
	COUNTY	nerm		MARYLAND		o. STATE MARYLAND b. COUNTY SOMERSET						
-	SOMERSE T b. CITY OR TOWN (if outside corporate limits,			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL end						
	write RURAL end give nearest town)			_		39 CRISFIELD						
	URIS	FIELD PITAL OR INSTITUTION	lif and in the	5 DAY		d. STREET ADDI		ELD		-	a. IS RESIDEN	
177	11 11 N	3.0		7.7		1		a Pour			ON A FAR	
Ľ.			ORIA		TAL			S ROAL			YES NO	
. :	NAME OF First DECEASED			Middle		Lest	4. DA	F	Nonth	Dey	Yeer	
	Type or print)	JOSE				WARD	DI		CEME		1961	
5.	SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In y			IF UNDER 24 H	
	F	W	WIDOW		1	-12-187	6	85,		hs Days	Hours Min	
		TION (Give kind of wor	k 10b. I	KIND OF BUSINESS O	Institute of the	11. BIRTHPLACE (County & Ste	00		CITIZEN OF	WHAT COUN	
	HOUSE FATHER'S NAME	vorking lifa, even if ratir $WIFE$	ad)			CRIS	FIELI	MD.		USA		
13.	FAIRER 3 NAME					_		3.6				
	JAMES SOMERS PRISCILLA MORGAN									1		
		VER IN U.S. ARMED FO (Ifyesgivawerordatesof		SOCIAL SECURITY	10. 17. IN	FORMANT	D . / m .	Ad	dress //	ARINGR	S ROAL	
,	No	(11)		NONE	上	DNA L	SYRE	>- UR	ISFI	ELD-	MD.	
1	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (e), (b), end	(c).]		/				RVAL BETWEEN	
NOIL	Conditions, if er geve rise to imme (e), steting the causa lest. PART II. OTH	diate cause) >)	NTRIBUTING TO DEA	тн вит нот	RELATED TO THE T	ERMINAL DIS	EASE CONDITION	I GIVEN IN		. WAS AUTOP PERFORMED	
~	OR CONTRIBUTIN	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER		SCRIBE HOW INJURY	OCCURED.	(Enter neture of inju	ry in Pert I or	Pert II of item 18.)			
MEDICAL	20c. TIME OF IN. Hour e.m.		eer 20d. Whilet wo			E OF INJURY (Home ry, street, office bldg		. (City or town)		(County)	(Stete	
	21. I certify that (I) (this hospital) attended the deceased from											
	22e. SIGNATURE	CORC	w	Cay	м.		DIRECTO	OR PHYS.			12/2 12/2	
	22c. PHYSICIAN'		RAWL	EY, M.D	•	CR I	SFIE	LD, MAR	YLAI	VD		
23a	BURIAL, CREMA BURIAL (Specif		REOF	MARINE	EMETERY O	METHOD	9	BISFI	ELD	county)	MD.	
24	FUNERAL DIRECT	Dr's SIGNATURE Webster	. 0	no ful	4:	mol DAT	REC'D BY	REGISTRAR 25b	. REGISTRA	R'S SIGNAT	URE Land	

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

VR A15 (4)

Crisfield, Md. Sons.

Cerema S. Thomas '62

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

YES NO

Year

19

INTÉRVAL BETWEEN ONSET AND DEATH

HRS. JOMIN

PERFORMED?

NO X

(State)

22b. DATE

(State)

SIGNED

IF UNDER 24 HRS.

Dey

ON A FARM?

61

24 FUNERAL DIRECTOR'S SIGNATURE

ALGO- CHIEF CONTINUES OF PARTY OF THE CONTINUES OF THE CO CHI SAPPART 199 MOTHER STREET, SECOND SECOND STREET, SECOND STREET, SECOND THE ROLL OF STATE OF STATE SHOPE STATE AND STATE OF THE STATE OF TRANSPORTER TO THE PROPERTY OF and an initial arms - seate with the